

Temperature Log for Vaccines (Fahrenheit)

Month/Year: _____

Days 1–15

Instructions: Place an “X” in the box that corresponds with the temperature. The hatched zones represent unacceptable temperature ranges. If the temperature recorded is in the hatched zone: 1. **Store the vaccine** under proper conditions as quickly as possible, 2. **Call the vaccine manufacturer(s)** to determine whether the potency of the vaccine(s) has been affected, 3. **Call the immunization program at your local health department** for further assistance: (____) _____, and 4. **Document the action taken** on the reverse side of this log.

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Exact Time															
°F Temp	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm
≥49°															
48°															
47°															
46°															
45°															
44°															
43°															
42°															
41°															
40°															
39°															
38°															
37°															
36°															
35°															
34°															
33°															
32°															
31°															
30°															
29°															
≤28°															
Freezer temp															
≥8°															
7°															
6°															
5°															
4°															
≤3°															
Room temp															
Staff Initials															

Adapted by the Immunization Action Coalition courtesy of the Michigan Department of Community Health

www.immunize.org/catg.d/p3039.pdf • Item # P3039 (11/03)

Temperature Log for Vaccines (Fahrenheit)

Month/Year: _____

Days 16–31

Instructions: Place an “X” in the box that corresponds with the temperature. The hatched zones represent unacceptable temperature ranges. If the temperature recorded is in the hatched zone: 1. **Store the vaccine** under proper conditions as quickly as possible, 2. **Call the vaccine manufacturer(s)** to determine whether the potency of the vaccine(s) has been affected, 3. **Call the immunization program at your local health department** for further assistance: (_____) _____, and 4. **Document the action taken** on the reverse side of this log.

Day of Month	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Exact Time																
°F Temp	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm
≥49°																
48°																
47°																
46°																
45°																
44°																
43°																
42°																
41°																
40°																
39°																
38°																
37°																
36°																
35°																
34°																
33°																
32°																
31°																
30°																
29°																
≤28°																
≥8°																
7°																
6°																
5°																
4°																
≤3°																
Room temp																
Staff Initials																

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